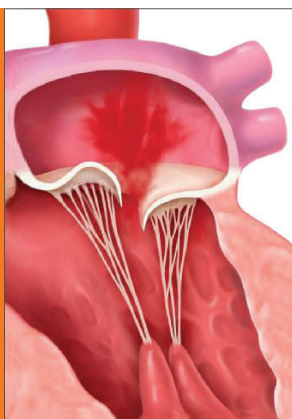


Transcatheter Mitral Valve Repair with MitraClip® at John Muir Health

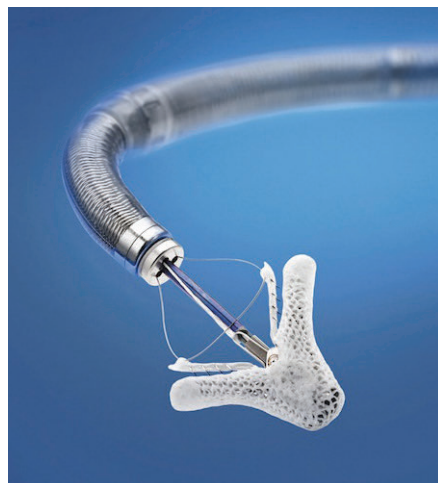
**The only approved alternative to Mitral Regurgitation (MR) surgery.
A less-invasive treatment option for at-risk patients.**

Why repair and not replacement?



- Repair retains the heart's natural shape and function better than replacement
- Patients who undergo valve replacement must take blood thinners for the rest of their lives
- A greater percentage of repaired valves are still working after 15 years compared to replacement valves

- Elderly patients, those with comorbidities, and other at-risk populations are not candidates for open heart surgery
- The non-invasive procedure has been shown to reduce MR, improve symptoms and reduce the number of recurrent hospitalizations for heart failure
- MitraClip® has been used in over 25,000 patients worldwide with great success



Why the MitraClip® device and procedure?

Why John Muir Health

- Our facility provides a comprehensive range of diagnostic and screening tools for identifying MR
- We were among the first hospitals in Northern California to perform this procedure, and are still only one of four hospitals in the Bay Area offering this option
- The MitraClip® team at JMH is comprised of cardiologists and cardiac surgeons who have significant experience in working with this novel technology

Transcatheter Mitral Valve Repair with MitraClip® at John Muir Health

What your patients can expect

During the procedure

- The patient is placed under a general anesthetic and a catheter containing the MitraClip® is inserted via the femoral vein
- Fluoroscopy and echocardiography are used to help the operator guide the catheter through the venous system to the heart and then precisely position the MitraClip® at the mitral valve
- Once correctly positioned, the MitraClip® is opened up so that it grabs both mitral valve leaflets
- The operator closes the clip and the leaflets are clipped together
- Sometimes more than one MitraClip® is necessary to eliminate regurgitation

After the procedure

- The procedure usually takes about 2 to 3 hours, and the average hospital stay is 1 to 2 days
- Typically a patient will receive follow-up monitoring by echocardiography at 1 and 12 months after the procedure
- The patient will be closely monitored to identify improvement in symptoms and quality of life
- Adjustments may be made to the patient's medications

For more information or to facilitate a patient referral

Contact our designated clinic coordinator or nurse:

Kristin Groves, R.N.
Cardiovascular
Valve Clinic Coordinator

Office: 925-674-2858
8:00 am - 4:30 pm

Juliane Millhollin, R.N.
Cardiovascular
Valve Clinic Nurse

Office: 925-674-2860
8:00 am - 4:30 pm



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